



## Better Health Together

*This electronic newsletter will be produced weekly to provide high-level updates on the work of the DC Innovation office under the State Innovation Model (SIM) grant as DC develops the State Health Innovation Plan (SHIP). We look forward to your input on our activities and milestones as we work to improve healthcare for DC residents.*

### SIM Work Group Calendar

All Work Group Meetings will be held at 441 4<sup>th</sup> Street NW-Room 1028

*Advisory Committee Meeting*  
May 11, 2016  
2:00pm-4:00pm

*Payment Models Work Group*  
May 12, 2016  
3:00pm-4:30pm

*Quality Metrics Work Group*  
May 16, 2016  
3:00-4:30pm

*Community Linkages Work Group*  
May 18, 2016  
2:00pm-3:30pm

### Recent News

#### SIM Workgroup Update:

The **Care Delivery Work Group met on April 25<sup>th</sup>**. During the meeting, DHCF presented the proposed policy framework for the Health Homes 2 Program that will shape the State Plan Amendment (SPA). The program will target approximately 25,000 beneficiaries with two or more chronic conditions, or one chronic condition and a history of chronic homelessness. In addition to the chronic conditions preapproved by the Centers for Medicare and Medicaid Services (CMS), the District will also include COPD, HIV, and sickle cell anemia among other conditions. For full details, view [this slide deck](#) from the meeting. **Please share your thoughts and comments by emailing [joe.weissfeld@dc.gov](mailto:joe.weissfeld@dc.gov) before COB Monday, May 2<sup>nd</sup>.**

The **Payment Models Work Group met on April 27<sup>th</sup>**. Participants discussed the experience of hospitals implementing the Medicare and commercial value-based payment reforms. For hospitals, the Medicare pay-for-performance initiatives focus on hospital acquired conditions, readmissions, and a composite value-based purchasing program. During the meeting, participants emphasized the importance of creating a system that comprehensively serves the patient's needs through clear roles and responsibilities of providers. Meeting materials and summaries can be found [here](#).

## Announcements

### CMS Solicits Comments on Regional Budget Payment Concept

The **Centers for Medicare and Medicaid Services** is interested in seeking input on a concept that promotes accountability for the health of the population in a geographically defined community. Under the Maryland All-Payer Model, CMS and the State of Maryland are testing a new hospital global budget payment program in which all payers in aggregate pay hospitals a fixed annual amount for inpatient and outpatient services, adjusted for quality and irrespective of hospital utilization. CMS is seeking input on the feasibility of similar approaches for other geographical areas, which could include areas smaller than a state. **Comments on the Request for Information should be submitted electronically to [regionalfudgetconcept@cms.hhs.gov](mailto:regionalfudgetconcept@cms.hhs.gov) by Friday, May 13, 2016.**

### CMS Releases Final Managed Care Rule for Medicaid and CHIP

The **Centers for Medicaid and Medicare Services** (CMS) released a long-awaited final rule that updates the regulations for managed care organizations in the Medicaid and Children's Health Insurance Programs (CHIP). According to the National Academy for State Health Care Policy (NASHP), these new requirements represent the first major updates to Medicaid and CHIP managed care since 2002. NASHP developed a list that contains some of the rules most significant changes, and will develop other materials that highlight the provisions that most affect states. Read more [here](#).

### The Robert Wood Johnson Foundation Announces Funding for Technology for Healthy Communities

The **Robert Wood Johnson Foundation** announced a funding opportunity for individuals with a tech solution for improving health. Health 2.0 seeks to match digital innovators with four participating U.S. communities to tackle local health issues. Ideal candidates are health technology companies with market-ready products that offer solutions to the communities' health needs. Companies will work with the communities to test and implement their technologies. Up to \$300,000 is available to support the pilots. **The application deadline is May 17, 2016.** [Apply here](#).

### The Robert Wood Johnson Foundation Calls for Research Proposals

The **Robert Wood Johnson Foundation** is launching a call for proposals to support research studying how states are implementing the Affordable Care Act's (ACA) health reforms to inform current implementation efforts and future policy. The ACA introduced a series of reforms to the U.S. health care system, including expanding eligibility for Medicaid, the creation of insurance marketplaces, and the advancement of new payment and delivery models. However, because of the way the law is written, as well as subsequent Supreme Court cases and decisions, states have the ability to implement the ACA reforms in unique ways, often differing in their approach from their neighboring states. Up to \$1.3 million in funding will be awarded, with individual grants ranging from \$50,000 to \$150,000. **The submission deadline is June 1, 2016.** Find more information [here](#).

## Events

The **Centers for Medicare & Medicaid Services (CMS)** invites the public to three opportunities on the recently released [Notice of Proposed Rulemaking \(NPRM\)](#), which implements key provisions of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) through the unified framework of the Quality Payment Program.

- **Overview of the Quality Payment Program Proposed Rule** : Tuesday, May 3, 2016, 12:00pm - 1:00pm EDT To participate, visit the [registration webpage](#)
- **The Merit-Based Incentive Payment System (MIPS) in the Quality Payment Program**: Wednesday, May 4, 2016, 12:00pm - 1:00pm EDT To participate, visit the [registration webpage](#)
- **MACRA Listening Session: Quality Payment Program Proposed Rule**: Tuesday, May 10, 2016, 2:00pm - 3:00pm EDT Visit [MLN Connects Event Registration](#). Space may be limited, register early.

The **ICH Singles Coordinated Assessment and Housing Placement (CAHP) Leadership and Community Teams** are hosting the **CAHP Community Roundtable on Friday, May 6<sup>th</sup>, from 10:00am – 12:00pm at N Street Village**. During the roundtable, participants will hear an overview of the CAHP System; learn the latest news about outreach and assessment coverage, housing placement progress and goals, and the updated policies and procedures manual; learn how to formally participate in CAHP through an MOU; and provide feedback on what's working and what needs to be improved in the CAHP system. The team encourages provider agency stakeholders to have two representatives attend: the Executive Director (or the person with decision-making authority about whether the agency participates in CAHP) and the program manager in charge of implementing agency's participation in CAHP. **To attend, please RSVP at:** <https://CAHPcommunityroundtable.eventbrite.com>.

The **Health Management Associates** are hosting a webinar on **May 12<sup>th</sup> at 2:00pm** to discuss how the D.C. launched major delivery system change through the Medicaid Health Home Program for individuals with serious mental illness. During this webinar, leaders from the DC Departments of Behavioral Health and Health Care Finance will describe how they set a course toward integrated care with the structure of the DC health homes, and provide important lessons learned for other states. The webinar will also address how providers can play an important role during the policy planning process to ensure the effectiveness and feasibility of state initiatives and requirements. [Register here](#).

The **Institute for Healthcare Improvement** is hosting an intensive three-day seminar, **Transforming the Primary Care Practice, from June 13<sup>th</sup> to June 15<sup>th</sup> in San Diego**. The seminar will provide leading edge insight on how to: implement key changes that lead to effective, high-quality, person-centered care; apply tested tools for forecasting appointment demand and tracking appointment supply as you work to improve access to care; identify opportunities for improving care delivery through partnerships with patients and families within your practice; use a set of key metrics to guide your empanelment, access, and continuity journey; and develop pragmatic ideas for change to achieve your goals and objectives. To register, [click here](#).

## Resources

### CHCS Brief on Integrating Behavioral Health into Medicaid Managed Care

The **Center for Health Care Strategies, Inc.** released a brief titled “Integrating Behavioral Health into Medicaid Managed Care: Lessons from State Innovators.” The brief provides insights from Medicaid officials and health plan representatives in five states -- Arizona, Florida, Kansas, New York, and Texas -- that are integrating behavioral health services within a managed care arrangement. It explores three emerging options for integration, including comprehensive managed care carve-in, specialty plans for individuals with serious mental illness, and hybrid models, and outlines practical strategies for facilitating effective integrated care models. Read the brief [here](#).

### Mathematica Study on Primary Care Reforms

**Mathematica Policy Research** released a study evaluating the second year of the [Comprehensive Primary Care \(CPC\) initiative](#), which launched in 2012 and is one of the largest efforts by the Centers for Medicare & Medicaid Services (CMS) to improve primary care. In their study of CPC's first two years, Mathematica researchers found the strongest improvements in care management for high-risk patients and in access to care. However, the estimated reductions in Medicare expenditures resulting from the CPC initiative were not enough to offset the fees that Medicare provided to participating practices. For more information, [click here](#).

#### **Quality Talk on Prescription Drugs**

**Quality Talks posted a video titled “Better Med for the Money.”** In the video, Mary Roth McClurg discusses prescription drugs. Dr. McClurg says much of the \$271 billion we spent on prescription drugs last year was wasted, and argues that for every dollar spent on drugs, another dollar is spent addressing a medication misadventure. Dr. McClurg describes what she calls a \$200 billion opportunity to improve. Watch the full video [here](#).

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If you have comments or suggestions for future newsletters, please contact [dc\\_sim@dc.gov](mailto:dc_sim@dc.gov).